IDAHO STATE DEPARTMENT OF AGRICULTURE Division of Plant Industries

2270 Penitentiary Rd., Boise, ID 83712 P.O. Box 790

> Boise, Idaho 83701-0790 Ph: (208) 332-8620 Fax: (208) 334-2283

APPLICATION FOR NURSERY/FLORIST/AGENT LICENSE

Application and fees must be received before nursery and floral stock is sold. Make checks payable to the Idaho State Dept. of Agriculture and send along with this application to the above address. Be sure to note "Plant Industries Division" on the envelope.

social security number must be provide		ndicate in whose name	e the lice	ense is to be issued. If individual applicant,
BUSINESS ADDRESS:				
				COUNTY
MAILING ADDRESS, if different fro	om Busir	ness Address:		
CITY		ZIP CODE		
Applicant Name		Applicant Social Security #		
Phone: F	ax		E-N	ЛаіI
Have you been issued a Nursery Licen	se in the	past? YES NO	-	
Under What Business/Personal Name	?			
	TYPE OF	OPERATION ENGAGE	GED IN	
Nursery Stock Grower/Wholes (Field or Container Grown)	sale	Florist		Landscape Contractor
Retail Nursery/Garden Center		Christmas Tre	es	Grocery Store
Greenhouse Grower		Sod		
Other_(brief description)				
GROWERS: Number of	f acres i	n production		Sq footage of greenhouse
	<u>TYPI</u>	E OF LICENSE APPLI	ED FOR	3
\$75.00 Regular Licen	se (\$25.0	00 is deposited into the N	ursery/F	lorist Research Acct. for industry use)
Temporary (Sale period no	t to excee	d seven days - Fee \$25)	(For cer	tified non-profit organizations only)
		only soliciting orders in tasked firms.	this state	for the purchase or sale of nursery/florist stock
\$25.00 (Late fee due for a	pplication	s received after Februar	y 1 , for բ	previously licensed nurseries/florists)
EXACT LOCATION OF	BUSINE:	SS/PRODUCTION AR	REA(s)	(for inspection purposes)
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OWNER'S SIGNATURE: ______ DATE: ______(Revised 2/19/2004)